

AMENDED IN ASSEMBLY MARCH 29, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2002**

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**Introduced by Assembly Member Cedillo  
(Principal coauthor: Assembly Member Bonnie Lowenthal)**

February 23, 2012

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An act to add Section 14093.12 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL’S DIGEST

AB 2002, as amended, Cedillo. Medi-Cal: managed-care: *care plan assignment: safety net provider.*

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. One of the methods by which these services are provided is pursuant to contracts with various types of managed care plans. *Existing law requires, with certain exceptions, that under certain models of Medi-Cal managed care, a Medi-Cal beneficiary be assigned to, and enrolled in, an appropriate health care plan providing services within the area in which the beneficiary resides if the beneficiary does not make a choice of managed care plans. Existing regulations define safety net provider for the purposes of the 2-plan model of Medi-Cal managed care.*

*This bill, for the purposes of assigning an eligible Medi-Cal beneficiary to a managed care plan when the beneficiary fails to select a plan, would provide that the term safety net provider includes specified types of clinics and medical care providers.*

~~This bill would provide that it is the intent of the Legislature to enact legislation relating to Medi-Cal managed care.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     *SECTION 1. Section 14093.12 is added to the Welfare and*  
2     *Institutions Code, to read:*  
3     *14093.12. For the purposes of assigning an eligible Medi-Cal*  
4     *beneficiary to a managed care plan when the beneficiary fails to*  
5     *select a plan, "safety net provider" shall include any of the*  
6     *following:*  
7     *(a) A federally qualified health center.*  
8     *(b) A federally designated rural health clinic.*  
9     *(c) A nonprofit community or free clinic that is licensed pursuant*  
10    *to subdivision (a) of Section 1204 of the Health and Safety Code.*  
11    *(d) A satellite or intermittent site of a nonprofit community or*  
12    *free clinic licensed pursuant to subdivision (a) of Section 1204 of*  
13    *the Health and Safety Code.*  
14    *(e) An Indian or tribal clinic exempt from licensure pursuant*  
15    *to subdivision (c) of Section 1206 of the Health and Safety Code.*  
16    *(f) A freestanding county clinic or clinic associated with a*  
17    *publicly owned disproportionate share hospital.*  
18    *(g) A medical group, independent practice association, physician*  
19    *office, or clinic with more than 10 physicians that has a Medi-Cal*  
20    *or medically indigent encounter rate of at least 50 percent of total*  
21    *patients served in a calendar year, based on claims or encounter*  
22    *data.*  
23    *(h) A medical practice of 10 or fewer physicians in which at*  
24    *least 30 percent of patients served in a calendar year are enrolled*  
25    *in Medi-Cal.*  
26    ~~SECTION 1. It is the intent of the Legislature to enact~~  
27    ~~legislation relating to Medi-Cal managed care.~~